

did they realize how strained their backs and arms felt. They did not realize that they had acted heroically; they did not even know how all-important their courageous work was to prove, since it left them ready to deal with the patients who were rushed down from the St. Francis Hospital, which was wrecked."

"Bright as are the pages of the history of medicine, the record of the Santa Barbara Cottage Hospital has brightened these pages still further with its gallant record of devotion to duty. Characteristically, it is left to an outsider to record that historic week."

CHANGES IN MEMBERSHIP

New Members—Alameda County—Donald D. Lum, Alameda; Thomas O. Lake, Berkeley; Gordon W. Roberts, Oakland.

Kern County—Thomas L. Matlock, Wasco.

Los Angeles County—H. N. Krohn, Charles F. Sebastian, Joseph M. Klein, Bernard Aronchik, Oscar S. Essensen, Frederick D. Facey, Howard L. Hatfield, C. H. Hayton, J. C. Ross, Cora Smith King, John F. Van Paing, Allan M. Wilkinson, M. H. Newman, Harry J. Mayer, Los Angeles; Ralph Kirsch, Lamada Park; Erle B. Woodward, Monrovia.

San Diego County—John J. Shea, Anita M. Muhl, William C. Newton, Philip M. Harker, San Diego.

San Mateo County—Fred C. Smith, Palo Alto.

Deaths—Sanborn, Christopher Allen. Died at Redlands, July 18, 1925, age 70. Graduate of Bellevue Hospital Medical College, New York, 1882. Licensed in California in 1888. Doctor Sanborn was a member of the San Bernardino County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.

Sigwart, Joseph Frederick. Died at San Francisco, August 2, 1925, age 39. Graduate of the St. Louis University School of Medicine, 1912, and licensed in California the same year. Doctor Sigwart was a member of the Sacramento County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.

Allergic and Toxic Properties of Lens Protein—Of eighty-six patients tested by Sanford R. Gifford, Omaha (Journal A. M. A.), with lens protein, 12.6 per cent gave positive dermal reactions. Of those giving positive skin tests, six showed unusual post-operative ocular reactions, which may well be interpreted as due to their sensitization to lens protein. In a further case with a very severe reaction there seemed no doubt of this. It was found possible to sensitize animals by injections of lens protein, so that discission produced an increased ocular reaction; but this occurred most often in animals treated so intensively as to be immunized to lens protein. In eight patients with negative skin tests, ocular reactions, apparently due to absorbing lens matter, occurred, indicating some toxic factor, not depending on anaphylaxis, in the lens matter itself. Normal lens matter showed toxicity when injected into the anterior chamber of the eyes of animals, but cataractous lens matter was apparently much more toxic, nine of fourteen animals showing more marked reactions from the cataractous lens, and none more marked from the normal lens. There is evidence that autolysis of the lens proteins occurs, with the production of leukomains and allied products, which may be toxic, and that the chemical differences between cataractous and normal lenses can explain the greater toxicity of cataractous lens matter. While endophthalmitis phaco-anaphylactica, in the sense of Verhoeff and Lemoine, undoubtedly does occur, a large number of reactions to lens substance cannot be explained as anaphylactic, and perhaps a majority of such reactions are due to the toxicity of lens matter itself. Hence, a better name for the whole group of reactions is that of Straub, "endophthalmitis phacogenetica."

Anaphylactic Shock and Failure of Desensitization After Administration of Pneumococcus Type 1 Serum—The case reported by M. A. Blankenhorn, Cleveland (Journal A. M. A.), presented three unusual phenomena: 1. The patient developed fatal septicemia after surviving lobar pneumonia terminating in crisis by the aid of antiserum. 2. He became extremely sensitive in nineteen days after serum treatment, but the sensitization was not discernable by skin test. 3. Desensitization failed.

Utah State Medical Association

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SOLOMON AND THE NEWER MEDICINE

Solomon was a great king and a wise man—and a blasé one we may imagine because, as the champion wise cracker of his day, he pulled that one about there being nothing new under the sun.

Of course, one may excuse Solomon. One may excuse any man with his reputed number of lady friends and wives. According to the fundamentalists, woman was made from the bone of a man—and she's been a bone of contention ever since. But, the point of it all is that Solomon, reputed the wisest bird of his day, either before or after his run-in with Sheba—we forget which—opened his mouth and spilled something that really justified his reputation for wisdom more fully than even he perhaps imagined at the time.

Speaking of avocados—this brings us to the subject of recent modern medical research and the eternal subject of metabolism, which is, after all, but the study of that wonderful engine, the body, in which cholesterol, activated by the sun bath in the skin capillaries, carries its resultant quality to the cell to explode it into activity, and so make the engine run.

Looking at medicine from the attitude of a man in the bleachers observing a game, it appears now that the study of internal function—in other words, internal medicine—is the line along which medicine in the future must advance.

Surgery, after all (and with all respect to the brilliancy of its performance) is but a makeshift—a tacit confession that we know of nothing better—nothing more that can be done. Yet in a wide range of conditions surgery may presumably be avoided, if the understanding of the causation of the final condition is arrived at, and the defective metabolism leading to it be corrected in time.

Comes now parathyrin, as perhaps the latest metabolic advance. Parathyrin is an extract of the parathyroid glands. It has shown wonderful results in tetany, either of disease or of traumatic injury of the parathyroids. It may be expected to show equally good results in the body metabolism of lime—hence, in the treatment of, say, spasmophilia, putrefactive bowel conditions, the treatment of ulcerative processes of the digestive tract or of the integument—or any condition depending largely upon lime imbalance, just as we already know that the pituitary is so intimately involved in the process of growth, and the thyroid in the maintenance of normal basal metabolism, and the adrenals with blood pressure and a normal or abnormal circulatory tone, as well as a possible defensive function in infectious processes.

And this brings us back to our text and the truth of Solomon's world-weary observation. Because all these extracts are derived from animal

organs—desiccated or otherwise—and for untold generations the Chinese have been feeding the organs of animals to the afflicted individual to correct internal function. And there you are. Endocrinology isn't such new stuff after all. It's only a refinement of method rather than a new or radical thing.

And yet—and yet one wonders where it all may lead in the eventual history of medicine. More and more it appears that the question of immunity and infection hinges upon metabolism—functional balance more than any other thing. Infection, then, depends upon a condition or conditions tending to make the body of the most fit soil for the infecting growth, and these conditions, even to the point of tissue change wrought by trauma, are but changes in metabolic balance, with a resultant lowering of resistance to a danger point. Health or unhealth at this rate would seem to be but a matter of metabolic—or function—balance, depending upon a bodily chemistry properly maintained.

Hence, one wonders if in the future the internist will not perhaps be the one to solve the riddle of such a maintained balance which so long ago led the Chinese to employ an organotherapy different from ours in form, though not in any sense different in intent.

At least it seems that if medicine is to advance greatly, it must advance along this line. Should it do so, prophylaxis or early attack on disease will profit, and polypharmacy will decline. Today the effort to sterilize is in reality the treatment of a symptom rather than any other thing. Naturally, if an infecting agent can be destroyed, the infected tissue, unless too greatly damaged, may eventually regain a normal or nearly normal tone. But how much better could the condition have been prevented or aborted before any great damage was done. Today do we not in actuality pay too much attention to the infection and not enough to the metabolic tone? Do we not treat the infection too much *per se*, and leave the body, once the infection is destroyed if we do succeed in bringing about its destruction, to recover its damaged balance as best it may—much like a battered tin Lizzie limping home on two cylinders and a flat tire? Are we not actually putting the cart before the horse in this way many times? If infection means lowered metabolism or a metabolism deranged, then does it not mean a metabolism still deranged even after the infection has been abated by whatever agency we have employed? And in this direction does it not lie for internal medicine to accomplish marvelous things? Will we come to a day when bio-chemic changes can be recognized early enough to prevent disaster from occurring before rather than after the fact? I don't know and you don't know. But it is pleasant to theorize. And to us it seems that with the medical man it lies to show whether Solomon's classic dictum was right or wrong—at least as to medicine.

A YEAR AND A MONTH

It is now a year and a month since the president of the Utah Medical Association, in his official capacity, and, as we suspect, because we had already won a pair of nickle-plated spurs as a writer of fiction, and hence knew a little about stringing words

together, appointed us as the incumbent of Ye Editorial Chair for the state.

Since then, however, we have tried our "damndest," as the cowboy put it, to make the Utah section of the Journal something which the medical men of the state might care to read. And, quoting the cowboy again, "Angels can do no worse."

Now that another convention approaches, however, and we may be given our just deserts and cast into the ash-can in favor of one better able to carry on the work we have attempted, it seems timely to say a word in our own behalf. First, then, we have tried to make the Utah section as interesting as we could, and as complete in regard to medical news. We want to thank the secretaries of the various county societies who have co-operated, and we want to damn the secretaries who have not. The Utah section should be representative of the state. Merely because the editor happens to be a Salt Lake man is no reason why there should be a feeling, as has been intimated to him, that Salt Lake wants to hog the thing and would not print news from other parts of the state if it were submitted for use. And we want to say here and now that such a thought or statement is "all damp." What we would like above all things is a chance to get hold of all the information bearing on the medical activities from Cache County, south to Dixie. And we'll print it if we can get it to print. And we dare any secretary to send in his stuff and prove or disprove this statement. And we know who is going to be convinced. Yet, in the last year, only Box Elder and Weber have given us a chance to make good, and we've printed everything they sent. And we've thanked and do thank the secretaries of those societies for having given us the chance. And we wish the other societies would get up on the wagon and help drive, instead of passing us up.

This, however, is not a belch. Because, in spite of all our disappointments in support, we have enjoyed the work, and we feel and we hope the readers feel with us that we have done something to improve the Utah section inside the last year and a month.

We thank you.

Utah News Notes (reported by G. U. Giesy, associate editor)—News this month resembles the proverbial hen's teeth. Everybody is vacationing or going to vacation or has vacationed. The societies are not meeting. About all that is left is routine work, and that is something we can't report.

Drs. Root, Schulte, and Rich have returned from Europe, after a very enjoyable trip.

Dr. Sandberg of Salt Lake has left for an extended trip to Europe with his bride. During their absence they will visit England, France, Germany, and Austria. While in Europe Dr. Sandberg will do post-graduate work in Berlin and Vienna. The return home will be made by way of the Mediterranean countries, with a tour of Canada to round off the honeymoon.

The following physicians have been recently licensed to practice within the state:

Maurice Carver Melrose of Iowa, Vernon Scott Lilly of Ohio, James Albert Pederson of Washington, D. C.; Frank J. Lemon of Washington, and Thomas Francis Welsh of Nebraska. The new physicians admitted through examination are Robert E. Smylie of Price, T. M. Aldous of Springville, Leslie A. Smith of Logan, Leslie J. White of Salt Lake, Junio E. Rich of Ogden, Silas S. Smith of Salt Lake, and H. Asa Dewey of Bingham.